

Serial No. 10/710,563

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145121CT (GEMS 0240 PA)

**REMARKS****Claim Rejections**

Claims 1-4,7-8,10-11,13-14 and 16-20 were rejected under 35 USC 103(a) as being unpatentable over Nagaoka et al (US 6,490,337B1) in view of Yamazaki et al. (US 6,778,628B2). Claims 9, 12 and 15 were rejected under 35 USC 103(a) as being unpatentable over Nagaoka as modified by Tamazaki in further view of Toth (US 6,307,918B1). Claims 5 and 6 were deemed allowable if rewritten in independent form.

**New rejections under 35 USC 103(a)**

The Applicant thanks the Examiner for is recognition of the allowable claims which have been rewritten as suggested into independent form. The Applicant, respectfully traverses the rejections on the underlying claims as amended with the following arguments.

With regard to claims 1-3 and 7-12 as presented herein in this office action. The Applicant has amend claim 1 to incorporate the limitations of claim 4. The Examiner had rejected claim 4 asserting that the Nagaoka reference teaches the utilization of an elevation reference in combination with at least one scout scan to generate the elliptical patient model. The Examiner cites Nagaoka Figure 2 as foundation for this assertion. Respectfully the Applicant must traverse this rejection. The Nagaoka reference utilizes a plurality of helical scans in order to generate ellipses. As such, an elevation reference is not utilized by Nagaoka nor taught, nor implied. As Nagaoka teaches only the use of multiple helical scanning, a plurality of lateral and anteroposterior scans will be present. This obviates the purpose in obtaining an elevation reference as claimed by the present invention. Therefore, the Applicant respectfully seeks the Examiner to recall this rejection.

Furthermore, with specific regard to claims 11 and 12. The Applicant traverses the assertion that Nagaoka teaches calculating object centering information as claimed by the present invention. The cited portion of Nagaoka (column 4, line 3) simply refers to the width of the patient being determined at the isocenter. It does not teach, as both

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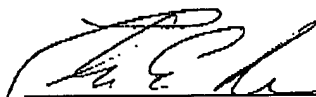
described in paragraph 20 and claimed in claims 11 and 12, calculating the distance of centroid from the isocenter channel to calculate the patient centering error and to correct current modulation accordingly. Instead, the Nagaoka reference apparently blindly utilizes the isocenter. Furthermore, not only is no correction of centering taught (just a single center estimated), but no discussion of additional current modulation to compensate for such error is even discussed. As such, the Applicant respectfully requests reconsideration of these claims.

With regard to claims 13-19, the Applicant seeks reconsideration in light of the arguments already presented. The centering correction limitations discussed above have been amended in to claim 13 by incorporating claim 17 therein.

With special note to claim 20, the applicant has amended claim 20 to include the limitations regarding the use of an elevation reference. Therefore, with arguments mirroring those above with regards to claim 4 merged into claim 1, the Applicant respectfully requests reconsideration of claim 20.

The Applicant thanks the Examiner for recognition of allowable matter and requests reconsideration of the remaining claims with regard to the above amendments and arguments. Should the Examiner have any questions or comments, he is respectfully requested to contact the undersigned.

Respectfully submitted,



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Dated: February 27, 2006